510(k) SUMMARY

Neothermia Corporation's en-bloc Biopsy System™

Submitter's Name, Address, Telephone Number, Contact Person and Date Prepared

Sherrie Coval-Goldsmith

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Date Prepared:

April 23, 2002

Name of Device and Name/Address of Sponsor

Common or Usual Name:

Electrosurgical Generator

Trade or Proprietary Name:

en-bloc Biopsy SystemTM

Classification Name:

Electrosurgical Cutting & Coagulation Device &

Accessories (21 C.F.R. § 878.4400)

Biopsy Instrument (21 C.F.R. § 876.1075)

Neothermia Corporation One Apple Hill, Suite 316 Natick, Massachusetts 01760

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Predicate Devices

Neothermia Corp.'s en-bloc Biopsy SystemTM

Intended Use

The en-bloc Biopsy System is intended for diagnostic sampling of breast tissue during a breast biopsy procedure.

Technological Characteristics

The en-bloc is a percutaneous high frequency, automated, vacuum-assisted electrosurgical device used to remove tissue by automated electrosurgical cutting and

K021577 2/2

simultaneous capture of an incised tissue volume. The Neothermia en-bloc TM consists of a hand-held biopsy handle, upon which the single-use en-bloc Biopsy Probe is attached, with an integral cable to connect the handle to the control unit. The ProbeTM contains two sets of active electrodes at its distal end – a precursor electrode and cutting/capture electrodes. The shaft of the ProbeTM is encased in a stainless steel cannula. An outer plastic sleeve surrounds this stainless steel cannula and an annular gap between the sleeve and the cannula provides a conduit for vacuum-assisted removal of the gaseous products of electrosurgical cutting and any liquids (e.g., blood) that may accumulate at the distal end of the Probe during the biopsy procedure. The vacuum also helps maintain the required cutting arc during automated tissue capture.

Substantial Equivalence

The 15mm en-bloc probe has the same intended use, principles of operation, and technological characteristics as the previously cleared predicate devices. The 15mm enbloc probe and its predicate devices are both electrosurgical devices used to biopsy breast tissue. Although there is one minor difference in the technological characteristics of the 15 mm probe and its predicate devices (*e.g.*, size of basket) this difference does not raise new questions of safety or efficacy. The 15mm en-bloc probe is substantially equivalent to Neothermia's 10mm and 20mm en-bloc probes.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

MAY 2 9 2002

Ms. Sherrie Coval-Goldsmith Vice President, Regulatory Affairs Neothermia Corporation One Apple Hill, Suite 316 Natick, MA 01760

Re: K021577

Trade/Device Name: en-bloc Biopsy System™

Regulation Number: 878.4400

Regulation Name: Electrosurgical cutting and coagulation device and accessories

Regulatory Class: II

Product Code: GEI and KNW

Dated: May 13, 2002 Received: May 14, 2002

Dear Ms. Coval-Goldsmith:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Celia M. Witten, Ph.D., M.D.

Miriam C. Provost

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and Radiological Health

Enclosure

| 510(k) Number (if known): | K021577 | | · |
|---|------------------------------|-----------------------|---|
| Device Name: en-bloc Biopsy | System TM | | |
| Indications for Use: | | | |
| The en-bloc Biopsy System is is biopsy procedure. | intended for diagnostic s | ampling of breast tis | sue during a breast |
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| (PLEASE DO NOT WRITE | BELOW THIS LINE CONTI | NUE ON ANOTHER PAC | SE IF NEEDED) Concurrence of |
| | CDRH, Office of Device Evalu | uation (ODE) | Concurrence of |
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| Prescription Use | OR | | Over-The-Counter Use(Per 21 C.F.R. 801.109) |
| | | | (Optional Format 1-2-96) |
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Muriam C. Provot

(Division Sign-Off)

Division of General Restorative and Neurological Devices

510(k) Number <u>K02/577</u>

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